## 2004 FOR PROFIT CORPORATION ... ANNUAL REPORT

DOCUMENT # P9900007766 1. Entity Name BG'S GROUP, INC.

Mailing Address

Principal Place of Business 3220 N. COCOA BLVD COCOA, FL 32926

3220 N. COCOA BLVD COCOA, FL 32926

## FILED Mar 19, 2004 08:00 AM Secretary of State



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5. Name and Address of Current Registered Agent

Fee Required

LAGANO, ALBERT S ESQ. 1803 AIRPORT BLVD. MELBOURNE, FL 32902

the obligations of registered agent.

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SIGNATURESignature, typed or printed name of registered agent and title	if applicable, (NOTE, Registered Age	enutangie in	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution,	, <sub>□</sub>	\$5.00 May Be Added to Fees	U00000092583 03/19/04-80014-018 150.00	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept

After M	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution,
10.	OFFICERS AND DIREC	TORS
THEE NAME STREET ADDRESS CITY-ST-ZIP	PD GANDHI, DINESH 217 W. HIBISCUS MELBOURNE, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GANDHI, MANHAR 217 W. HIBISCUS MELBOURNE, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GANDHI, BABUBAHI 217 W. HIBISCUS MELBOURNE, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BHARUCHA, MEHUL 217 W. HIBISCUS MELBOURNE, FL 32901	
NAME STREET ADDRESS CITY-ST-ZIP	D GANDHI, PRAVIN 217 W. HIBISCUS MELBOURNE, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANDHI, SURESH 217 W, HIBISCUS MELBOURNE, FL 32901	

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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIG	NI	TI	IRF	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GANDKE

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